

WATER QUALITY AS AN INDICATOR OF HYGIENE PROMOTION

A monitoring and evaluation methodology was set up and discussed with the team.

– One of the main issues discussed was the use of the bacteriological analysis as a tool for evaluating the impact of both hydro and hygiene activities. It's very important to be strict in the bacteriological analysis for monitoring and evaluating our programs. Considering that sometimes we're going to work in remote areas, a battery should be carried with the team and the Delagua in order to be able to analyze the water on the field. (I have to check the possibility of importing the powder to make the culture medium on place also). Other problem to be studied is the prohibition of the methanol in the country.

Bacteriological test as indicator



| | Well water quality as an indicator of... | Consumed Water quality – well water quality as an indicator of... |
|---------------------|--|---|
| Before intervention | Needs of a new water point | Level of water handling and hygienic habits |
| After intervention | Quality of physical implementation | Impact of the hygiene promotion activities |

– Monitoring: so, before each intervention in a community, we should analyze the water at the water point and at consumption level. The same analysis have to be made at the end of the program. The results have to be compiled and organized in order to facilitate the management of this information.

– One evaluation of the different programs will be carried out systematically one year after the implementation. Every infrastructure installed during the evaluated program should be surveyed in terms of state, use, and water quality. The follow up of the arsenic concentration is also very important (already done by Damien in ERS) and has to be carried out strictly in every one of the water points implemented by ACF (in this case we're not talking about impact but about public health).

– Whether an evaluation of elder programs is done, the percentage of places visited can be reduced (In NRS ACF implemented almost 1000 boreholes, and to evaluate all of them would take too much work).

– KAP survey including water analysis every two years as it was made so far. The problem is that every KAP survey was implemented using different methodologies and with a different scope of population. This fact makes difficult to extract conclusions about the impact of our programs. From now on, it should be considered:

– 1/3 of the samples will be untargeted population of our programs, 1/3 will be population targeted at least a year before and the last third population targeted during the last program.

The results of the water analysis should take account of the number of coliforms per sample. The result "X% of the wells have bacteriological contamination" is not valid. Instead of this: "the average bacteriological contamination in the analyzed wells was X colif./100ml", is better.